## MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

(FOR USE WITH FORM PTO-875)

SERIAL NO. FILING DATE

10/578858
APPLICANT(S)

## **CLAIMS**

IND.   DEP.   IND.   DEP.   IND.   DEP.		AS F	ILED		TER ndment		TER NDMENT
2 3 4 4 5 5 6 6 7 7 8 8 9 9 9 10 10 11 1 12 12 13 13 14 14 15 15 16 16 17 17 18 8 19 19 10 10 11 19 10 10 11 19 10 10 11 10 11 11 12 12 12 12 12 12 12 12 12 12 12		IND.	DEP.				·
3 4 4 5 5 6 6 7 7 8 8 9 9 10 10 11 1 11 11 12 13 13 14 14 15 15 16 16 17 18 18 19 19 19 19 19 19 19 19 19 19 19 19 19			·				
4					ļ		
5 6 7 7 8 8 9 9 10 10 111 11 11 12 13 14 14 15 15 16 16 17 18 8 19 19 20 21 19 22 22 23 24 24 25 26 27 28 29 30 30 31 11 32 32 33 34 34 35 35 35 36 37 38 39 40 40 41 41 42 44 44 44 44 44 44 44 44 44 44 44 44		<b>!</b>					
6 7 7 8 8 9 9 10 10 11 1 12 13 14 15 15 16 17 18 18 19 19 120 20 21 1 22 2 23 24 25 26 27 28 29 30 31 31 32 29 30 31 31 32 33 34 43 35 36 37 38 39 40 40 41 42 44 44 44 44 44 44 44 44 44 44 44 44			<b></b>				
7 8 9 9 10 10 11 1 1 1 1 1 1 1 1 1 1 1 1 1							
8 9 10 10 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1							
9 10 11 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					<del></del>		·····
110 111 112 13 14 15 16 17 18 19 20 21 22 23 24 24 25 26 27 28 29 30 31 31 32 29 30 31 31 32 33 34 35 36 37 37 38 39 40 41 41 42 42 43 44 45 46 47 48 49 50 otalind.							
12	10						
13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 31 32 29 30 31 31 32 33 34 35 36 37 38 39 40 41 41 42 43 44 45 46 47 48 49 50 OTAL IND.							
14							
15							
16							
17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 31 32 33 33 34 35 36 37 38 39 40 41 42 43 44 44 45 46 47 48 49 50 OTALIND.							
18 19 20 21 22 23 24 25 26 27 28 29 30 31 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 OTAL IND.							
19 20 21 22 23 24 25 26 27 28 29 30 31 31 32 33 34 35 36 37 38 39 40 41 41 42 43 44 45 46 47 48 49 50 OTALIND.						<del></del>	
21 22 23 24 25 26 27 28 29 30 31 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 OTAL IND.							
22	20						
23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 OTAL IND.							
24 25 26 27 28 29 30 31 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 OTAL IND.  DOTAL DEP							
25 26 27 28 29 30 31 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 OTAL IND.  DOTAL DEP			-				
26 27 28 29 30 31 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 OTALIND.							
27 28 29 30 31 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 OTAL IND.  DITAL DEP.							
28 29 30 31 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 OTAL IND.  DOTAL DEP.			<del>-  </del>				
29 30 31 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 OTAL IND.  OTAL DEP.							
31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 OTAL IND.  DOTAL DEP.							
32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 OTAL IND.	30						
33 34 34 35 36 37 38 39 40 40 41 42 43 44 45 46 47 48 49 50 0TAL IND.							
34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 OTAL IND.  DOTAL DEP.							
35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 OTAL IND.	33						
36 37 38 39 40 41 41 42 43 44 45 46 47 48 49 50 OTAL IND.							
37 38 39 40 41 41 42 43 44 45 46 47 48 49 50 OTAL IND.							<u>_</u>
38 39 40 41 41 42 43 44 45 46 47 48 49 50 OTAL IND.		<del></del>	-	┯┼			
39 40 41 41 42 43 44 45 46 47 48 49 50 OTAL IND.			-				
40 41 42 43 44 45 46 47 48 49 50 TOTAL IND.   TOTAL DEP.   TOTAL DEP.	39		-/-				
42 43 44 45 46 47 48 49 50 TOTAL IND.  TOTAL DEP.	40						
43 44 45 46 47 48 49 50 TOTAL IND.   TOTAL DEP.							
44 45 46 47 48 49 50 otalind.					Year i		
45 46 47 48 49 50 otalind.							
46 47 48 49 50 OTAL IND.			$\dashv$				<u> </u>
47 48 49 50 OTAL IND.			-++				
48 49 50 OTAL IND.  DTAL DEP.							
49 50 OTAL IND.  DTAL DEP.			-++				
OTAL IND.  OTAL DEP.			<del>     </del>				{
OTAL IND.			<u> </u>				
			+		+		4
TOTAL	OTAL DEP.		<b>+</b>		<b>+</b>		<b>←</b>
FT A TRACE TO TOP TO THE TOP TO	TOTAL CLAIMS						4.13

PTO - 1360 (REV. 11/04)

	AS F	ILED		TER NDMENT	AF	TER ENDMENT
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52	<u> </u>					
53 54	<del>                                     </del>					<del> </del>
55	<del> </del>					<u> </u>
56	<del>                                     </del>					
57						
58						
59						
60						
61						·
62	<del>  </del>					
64	<del> </del>	-1				
65	<del>  </del>	<del></del>				
66	<del>                                     </del>					
67						
68						
69						
70	<u> </u>	1				
71		1				
72 73		1				
74		+ 1				···
75		1				
76	1	1				
77						
78					E1	
79						
80		1				
81 82		1				
83		2 5				
84						
85						<del></del>
86						
87						
88						
89		1				
90		1				
91 92		+ +				
93		<del>   </del>			-	
94		<del>   </del>				
95		1 1				
96						
97						
98						
99		1				
100		<del></del>				
TOTAL IND.		<b>*</b>		<b>▼</b>		. ■
OTAL DEP		<del>-</del>	1792	+		<b>←</b>
TOTAL CLAIMS						
· · · · · · · · · · · · · · · · · · ·			MENT of CON demark Office			

2 of 2

## MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO. 10/578858 FILING DATE

(FOR USE WITH FORM PTO-875)

APPLICANT(S)

## **CLAIMS**

	AS F	DE			TER NDMENT DEP.		TER NDMENT DEP.
	IND.	DE	<b>P.</b>	IND.	DEP.	IND.	DEP.
							1
							ļ
							<del></del>
							<del></del>
					-		
				<del></del>	<del></del>		
		<del></del>					-
		i .					
		<u> </u>					
		<b> </b>					
_		<u> </u>					
		ļ					
_		ļ					
		-	-				
-							
_							
_				<u> </u>			
•			4				
_							
-			-1				
-							
_			┪				
			_				
			_				
						1	
	2						
_					<b>•</b>		
		<b>(</b>			<del>-</del>		<u> </u>
	06				10.00		